

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

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**Emergency Medical Services - Instructor Application (EMS-I)**

Please complete this application and submit it to:

**CT DPH, Instructor's Certification Unit, 410 Capitol Ave., MS# 12EMS, PO Box 340308, Hartford, CT 06134-0308**

First Name		MI	Last Name		Social Security Number (MANDATORY)	
Email Address		Mailing Address		City	State	Postal Code
Telephone Number (s) Home _____ Cell _____ Work _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		Ethnicity: check (✓) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: Please check (✓) all that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White						
Have you held Connecticut EMR <input type="checkbox"/> , EMT <input type="checkbox"/> , AEMT <input type="checkbox"/> , Paramedic <input type="checkbox"/> or EMS-I <input type="checkbox"/> certification in the past? If yes, please check all that apply.					<input type="checkbox"/> Yes <input type="checkbox"/> No	Cert. No.
Are you now, or have you ever been, licensed and or certified as an EMS Instructor in any other state and or US territory? If yes to the question, please list all (Please abbreviate. Attach additional sheets as necessary): _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had your membership in any professional society or association, or your medical direction/ Authorization/ sponsorship or certification, been suspended or revoked for reasons related to professional practice?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, or fined by the responsible agency?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><i>If you answered yes to any of the above questions regarding your professional history, please provide full details and provide supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review.</i></b>						
Name of EMS Instructor or other Certification Program		City	State	Zip	Start Date	Grad Date
Highest Education Attained		City	State	Zip	Start Date	Grad Date
Primary EMS Services Affiliation		City	State	Zip	Years of Service with this Agency	Total Years of Active EMS Service
<b>ATTESTATION:</b> I have reviewed the information provided and verify that it is accurate. I certify under penalties of perjury that I have not been convicted of a crime involving moral turpitude, nor am I addicted to the use of drugs or alcohol. I certify that I am the person on this application and that all statements made herein or on any document attached hereto are true and correct in every respect.						
Signature of Applicant			Date			